

No. <b>C 142099</b>		<b>Due no later than Jan 31, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  THERAPEUTIC ASSOCIATES, INC. DAVID R KLEMETSON 7100 FORT DENT WAY SUITE 220 SEATTLE WA 98188		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	CHARLES HANSON	7100 FORT DENT WAY SUITE 220	SEATTLE	WA	USA	98188	
DIRECTOR	STEPHEN E ANDERSON	7100 FORT DENT WAY SUITE 220	SEATTLE	WA	USA	98188	
PRESIDENT	KELLY REED	7100 FORT DENT WAY SUITE 220	SEATTLE	WA	USA	98188	
DIRECTOR	RICK COSTAIN	7100 FORT DENT WAY SUITE 220	SEATTLE	WA	USA	98188	
DIRECTOR	TIMOTHY BRINKER	7100 FORT DENT WAY SUITE 220	SEATTLE	WA	USA	98188	
DIRECTOR	ROBERT BOWKER	7100 FORT DENT WAY SUITE 220	SEATTLE	WA	USA	98188	
DIRECTOR	TODD GIFFORD	7100 FORT DENT WAY SUITE 220	SEATTLE	WA	USA	98188	
5. Organized Under the Laws of:  <b>CA</b> <b>C 142099</b>		6. Annual Report must be signed.*  Signature: David Klemetson Name (type or print): David Klemetson					
		Date: 01/26/2010 Title: Director Of Finance					
Processed 01/26/2010 * Electronically provided signatures are accepted as original signatures.							